Permit No. 99110 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty-four livers after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
108/
CERTIFICATE OF DEATH.
Date of Death, The State of The
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, Cross out the word not required in this line.
Age, Years, Months, 16 Days.
Color, Cohole
Merried, Single, Willow or Willower, (cross out the word not)
Occupation Ann
Occupation,
Birthplace, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 855 Oask fre.
\$55 Park fre.
Place of Death, {Give street and }
) First, (Primary,)
Cause of death.
) Second, (Immediate,)
Duration of Last Sickness,
All the above information should be furnished by the Physician
Place of Burial, Tream Mount Carnelyng
Date of Burial, april 941807 Der, Bucke Burget
Undertaker, Stewart Mower Medical Attendant.
Place of Business Park and Address,
Extract from Regulations of the Board of Health to secure a full and correct record of

Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the

cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Testa Accounts of Carjotelano is tecoposetatic invited to the mental as serios, and to this of procuses of second of the
Health Department, City of Baltimore.
Permit No. 99111 Office of Registrar of Vital Statistics. Ward 123
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, is
requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CENTIFICATE.
CEDTIFICATE OF DEATH
CERTIFICATE OF DEATH.
Date of Death, April 7"/887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, // Years, Months, Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not } wedower
n ii
Birth Place, State or country, and how States, State or country, and how
Duration of Residence in the City of Battimore,
Place of Death, {Give Street and } 1506 Eulaw Place
(First (Primary) Careast of Slowersh
Cause of Death, Second (Immediate), Lever - Enhaustion.
4 2 . The
Duration of Last Sickness, All the above information should be fornished by the Physician.
Place of Burian Lloyd St Conteny
Date of Burial, Chril 104, 1887 15
(Undertaker, Stewart Willowed Medical Attendant,
Place of Rusiness Park ave Bound Address 36 So Selace Le
Place of Business, and Company Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Bealth Department, City of Baltimore.	1
Permit No. 99112 Office of Registrar of Vital Statistics. Ward //	
The Playsician who attended any person in a last illness that the presentation of this Certificate, accurately filled on the Undertaker or other person superintending the by a safter the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial Cal Be Obtains W. Out a presentation of this Certificate, accurately filled or requested so to do, under penalty of law.	ut,
CERTIFICATE OF DEATH.	
Date of Death, Office 8" 87 ORE NO.	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Is a Constant of parents.	_
Sex, Male or Female, {Cross out the word not }	
Age, 64 Years, Months, Day	143
Color, Wh-	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, Collector	
Birth Place, {State or country, and how long in the United States, of foreign birth.	
Duration of Residence in the City of Baltimore, 457	
Place of Death, {Give Street and} 862 N. Homand Sr	
Cause of Death, Second (Immediate), Charasonus Seniles (Post malem Symmetry St. H. Second (Immediate), Echaristica	-
Duration of Last Sickness, about 10 week. All the above information should be furnished by the Physician.	-
Place of Buriat Frew Cathedral Coeymenty	
Date of Burial, afril 11 1887 Ma. J. Lockward	
Undertaker, Slewart Mowers M. D. Medical Attendant	
Place of Business, Park and Address, Park and Musican	54
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the	

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, Outp of Baltimore.
Permit No. 99113 Office of Registrar of Vital Statistics. Ward 6
The Physician who attended any person in a last illness, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within eventy-four hours are the earth of said deceased, or sooner, if
requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CEDTIFICATE OF DEATH
CERTIFICATE OF DEATH.
Date of Death, april 8. 188 -
Full Name of Deceased, Write legibly and spell or named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Hyears, Months, Days.
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, loigan Dealsn
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 2050 Offormanne Wheel
(First (Primary), Terrorus Depression -
Cause of Death, { Second (Immediate), Panalysis - Caroline
Duration of Last Sickness, Me how All the above information should be furnished by the Physician.
Place of Burial, Louden Vark
Date of Burial, Spril 16th
J Undertaker, Seo Schilling, Medical Attendant.
Place of Business, Ashland Synge Address, Fly May Mul
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Poard of Health, City of Haltimore,
Permit No. 99/14 OFFICE OF REGISTRAR OF VITAL STATISTICS.
The Physician who attended any person in a last illnesses responsible for the presentation of this Certificate, accorately filled out, to the undertaker or other person superintending the burial, within ansaty-to have after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PRESENCENTIFICATE.
CERTIFICATE OF LEATH.
Date of Death, April & Vi 1861.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.
Sex, Male or Female, {Cross on the word not }
Age, Sexty five Years, Months, Days.
Color, whatte
Married, Single, Widow or Widower, { Cross out the words not }
Occupation, your Lancaster to Pluna
Duripacce) of Graden high
Duration of Residence in the City of Baltimore, Six weeks
Place of Death, {Give street and } 3110 Dillon
Cause of Death, { First (Primary,) Talvulan (untral) dy of heart Second (Immediate,) Henrichlefia - other simplication
Duration of Last Sickness, Whended her two wells.
Place of Burial, Nottingham. Chester. Co. Penna JAR Hay M. D.
Date of Burial, April 9 th 1887
Undertaker, Al Gandere for Address HIH & Patters on Park a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person becaused, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Bealth Department, City of Baltimore.
ermit No. 99115 Office of Registre of Vilar visities. Ward 14P
The Physician who attended any person in a last illness, is responsible for the person of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within the hy-ford hours after the leath of said deceased, or sooner,
o the Undertaker or other person superintending the burial, within the hours after to leath of said deceased, or sooner, equested so to do, under penalty of law. No Permit for Burial can be Crown without a Proper Certificate.
NO PERMIT FOR BURIAL CAN BE CONTROLLED TO THE CONTROLLED
CERTIFICATE OF BEATH.
Date of Death, Offile 7
Full Name of Deceased, {Write legibly and spell correctly. It an Infant not named, give names}
Sex, Male or Female, {Cross out the word not }
Age, To Years, Months, Day
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Dainy -
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore Calhoun
Place of Death, {Give Street and } 120 Walley 4 07
Cause of Death, Second (Immediate), World January
Ouration of Last Sickness; (O) (A) (-)
Place of Burial, Stelers (envelong
Date of Burial, afril 4 th 1887 por One of pure
Undertaker / Cadogan M. B. Medical Attendant.
Place of Business, 27 Mulberry Address 582- In Fance
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the renty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far and the cause can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

The Physician who attended any person in a last illness as responsible for the presentation of this Certificate, accurately filter and the Undersker or other person superintending the burial, within the striple duath of said deceased, or sooner, is requested so to do, under penalty of law. No PERMIT FOR BURIAL CAN BE OFFISCHED WITHOUT A PROPER CERTIFICATE. CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased, { Write legibly and spell } correctly, if an Infant { of parents. Sear, Male or Female, required in this line.} } Sear, Male or Female, required in this line.} Age, G. Years, Months, Color, Marriad, Single, Widow or Widower, { Cross out the worls not } Cross out the worls not } Countries of the United States, which is the City of Baltimore, Birth Place, { Siste or country, and how } Countries of Death, { Cive Street and } Cive Office of Cive Office	Bealth Department,	City of	Baltimore.	2
CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased, See, Male or Female, Found in this line. Age, Cyears, Color, Married, Single, Widow or Widower, (Cross out the words not) if on this line. Birth Place, (State or country, and how) if one in the United States, Duration of Residence in the City of Baltimore, Place of Death, (Give Street and) Second (Immediate), Cause of Death, (First (Primary), Second (Immediate), Duration of Last Sickness, All the above information shorth be furnished by the Physician, Place of Burial, Means Age of Burial, Means Age for the Place of Burial, Means Age for Burial and Burial Age for Burial Age for Burial and Burial Age for Burial and Burial Age for Bu	The Physician who attended any person in a last illness, is respect to the Undertaker or other person superintending the burial within			
Sex, Male or Female, Pross out the word not and provided in this line. Age, G. Years, Months, Months, Days. Color, Married, Single, Widow or Widower, {Cross out the words not } Cocupation, Months, Months in the United States, for foreign birth. Birth Place, {State or country, and how long in the United States, for foreign birth. Duration of Residence in the City of Baltimore, Mumber. Cause of Death, {First (Primary), Second (Immediate), Place of Burial, Second (Immediate), Place of Burial, Mumber. Duration of Last Sickness, All the above information shorth be furnished by the Physician. Place of Burial, Mulling Mull	No Permit for Burial can be Obtaine			
Sex, Male or Female, Pross out the word not and provided in this line. Age, G. Years, Months, Months, Days. Color, Married, Single, Widow or Widower, {Cross out the words not } Cocupation, Months, Months in the United States, for foreign birth. Birth Place, {State or country, and how long in the United States, for foreign birth. Duration of Residence in the City of Baltimore, Mumber. Cause of Death, {First (Primary), Second (Immediate), Place of Burial, Second (Immediate), Place of Burial, Mumber. Duration of Last Sickness, All the above information shorth be furnished by the Physician. Place of Burial, Mulling Mull	Date of Death,	1/1/		
Sex, Male or Female, Scoss out the word not } Age, GZ Years, Months, Days. Color, Married, Single, Widow or Widower, Cross out the words not } Occupation, Married in this line. Birth Place, State or country, and how long in the United States, long in the Words in the United States, long in the Words in the United States, long in the Words in the Word	Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	Re.	hand Da	ws.
Color,	Sex, Male or Female, {cross out the word not }			1
Married, Single, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Millian Mill	Age, GZ Years,	Month	8,	Days.
Occupation, Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, There Were the Physician.	Color,		white	
Occupation, Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, There Were the Physician.	Married, Single, Widow or Widower, Cross out the words	s not }	1	
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } 634 W. Fine II. Cause of Death, {First (Primary), Second (Immediate), Prince of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, There W.		<u> </u>	<u> </u>	J
Place of Death, {Give Street and } 634 Nr. Face 18. Cause of Death, {First (Primary), Second (Immediate), Procure as Week. All the above information should be furnished by the Physician. Place of Burial, There Williams	Birth Place, {State or country, and how long in the United States, if of foreign birth.	Ba	Mincore)
Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial,	Duration of Residence in the City of Baltimore,	Je	fen	
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Place of Burial,	Place of Death, {Give Street and }	634	W. Fayele	St
All the above information should be furnished by the Physician. Place of Burial, Wellew WW.	$\it Cause of Death, egin{cases} { m First (Primary),} \\ { m Second (Immediate),} \\ \end{array}$	Pneus	nonia	
		Oue (week	
Data of Parial Phril 11-1887	Place of Burial, Green With			
oute of Burian, Cegrical of the Station of M. D.	Date of Burial, Office 11-1887	Holis ;	Jen King 8	M D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. Entaw. Address, I Calledad St

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special Account of Physicians is nespectantly invited to the Remarks Delow, and to list of Diseases on back of
Bealth Bepartment, City of Baltimore
Permit No. 99/1/ Office of Registrar of What Blatistics. Ward 2
The Physician who attended any person in a last illness, is responsible for the presentation. This Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-file hours are, the Carbon said deceased, or sooner, if requested so to do, under renalty of law. NO PERMIT FOR BURIAL CAN BE OBTAIN IN WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, april 7 1884
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Of Years, Months, Days
Color, Male
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Tacker
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 32 ylass
Place of Death, {Give Street and} 1830 Cleve Cure St.
Cause of Death, Second (Immediate), Consum please of the Second
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Loudon Park Centry.
Date of Burial, Alpert. 10 th 1884 Affected M. D.
Place of Business, 1715 Alice Ann. Address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ind date of death.

[OVER.]

Bealth Bepartment, Oity of Balti	more.
Permit No. 9911 8 Office of Registrar of Vital Statistics.	Ward 14
The Physician who attended any person in a last illness, is responsible for the presentation of this to the Undertaker or other person superintending the burial, within twenty-four hours after the death of requested so to do under penalty of law.	Certificate, accurately filled out
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certification	
	ATE.
CERTIFICATE OF DEAT	H. • Y
Date of Death, april 7th 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents, and parents of	wan
Sex, Male or Female, { ross out the word not } female fine.	man
Age, Years, Months,	Days.
Color, While	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Life	
Place of Death, {Give Street and } W. & C. Horbilat	
First (Primary), Marouses	
Cause of Death, Second (Immediate), Callenda	
Duration of Last Sickness, 3 Munilles All the above information should be furnished by the Physician.	
Place of Burial, Zondon Park	
Date of Burial, aferic 9 Ja arter	Par
Undertaker, 15/15/19/11	M. D.

Address, 125

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business, //35 Pen

The special accention of enysicians is nespectivity invited to the Kemarks below, and to List of Diseases on Jack of this Certificate
Bealth Department, City of Baltimore.
Permit No. 99119 Office of Registrar of Vital Statistics. Ward 197
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 7th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line.}
Age, 03 Years, Months, Days
Color, /////CC
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Birth Place (State or country, and how) Birth Place (State or country, and how) Baltermore
lif of foreign high
Duration of Residence in the City of Baltimore, Most of her lefe
Place of Death, {Give Street and } /5/0 Meinterny
Cause of Death, { First (Primary), Cancer of the Beetum
Duration of Last Sickness, About a Glas
All the above information should be furnished by the Physician. Place of Burial, Illenmount
Date of Burial, april 9/84 \ Elias 6 Tree M D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Mr. Fayette Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]